FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **P27948** **(9)**

1. Corporation Name

PENSKE DEDICATED LOGISTICS CORP.

Principal Place of Business	Mailing Address
P.O. BOX 1321 READING PA 19603-1321	P.O. BOX 1321 READING PA 19603-1321

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/09/1990**	3a. Date of Last Report: **05/01/1994**
4. FEI Number: **57-0646764**	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

8. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ _____ _____
Signature, Typed or Printed Name of Registered Agent and Title, if Applicable (NOTE: Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	11 TITLE	☐ Change ☐ Addition
NAME	PENSKE, ROGER S.	12 NAME	
STREET ADDRESS	13400 OUTER DR W	13 STREET ADDRESS	
CITY ST ZIP	DETROIT MI	14 CITY ST ZIP	
TITLE	T	21 TITLE	☐ Change ☐ Addition
NAME	ANGELBECK, WAYNE	22 NAME	
STREET ADDRESS	19 KRICK AVE.	23 STREET ADDRESS	
CITY ST ZIP	SINKING SPRING PA	24 CITY ST ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	BLUTH, LAWRENCE N.	32 NAME	
STREET ADDRESS	13400 OUTER DR. W.	33 STREET ADDRESS	
CITY ST ZIP	DETROIT MI	34 CITY ST ZIP	
TITLE	VP	41 TITLE	☐ Change ☐ Addition
NAME	COCUZZA, FRANK	42 NAME	
STREET ADDRESS	7 GLEN HOLLOW CT	43 STREET ADDRESS	
CITY ST ZIP	READING PA	44 CITY ST ZIP	
TITLE	DP	51 TITLE	☐ Change ☐ Addition
NAME	HARD, BRIAN	52 NAME	
STREET ADDRESS	RT 1 BOX 191C	53 STREET ADDRESS	
CITY ST ZIP	READING PA	54 CITY ST ZIP	
TITLE	AS	61 TITLE	☐ Change ☐ Addition
NAME	KORMAN, GARRY	62 NAME	
STREET ADDRESS	915 TUCKERTON RD	63 STREET ADDRESS	
CITY ST ZIP	READING PA	64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Barry Korman, Barry Korman 5/23/95 610-775-6110

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

0488402 FN